

**UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90105 025 \*\*\*150.00

**DOCUMENT # F98000006345**

Name: **ACQUISITION CORP.**

Principal Place of Business: **GOVERNOR PRINTZ BLVD**  
**ESSINGTON PA 19029**

Mailing Address: **625 N GOVERNOR PRINTZ BLVD**  
**SUITE 3**  
**ESSINGTON PA 19029-1732**  
**US**



DO NOT WRITE IN THIS SPACE

4. FEI Number: **25-1821062** Applied For:  Not Applicable:

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent: **CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent: Name: \_\_\_\_\_ Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_ City: **FL** Zip Code: \_\_\_\_\_

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Filing Requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ADDRESS ZIP	<b>CPTD</b> <b>GARCIA, ALFONSO</b> <input type="checkbox"/> Delete <b>SANTA CATARINA, BLVD. DIAZ ORDAZ #1000</b> <b>NUEVO LEON, MEXICO 66350</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	<b>VD</b> <input type="checkbox"/> Delete <b>GARCIA, ENRIQUE</b> <b>SANTA CATARINA, BLVD. DIAZ ORDAZ #1000</b> <b>NUEVO LEON, MEXICO 66350</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	<b>S</b> <input type="checkbox"/> Delete <b>MORENO, SERGIO</b> <b>625 N GOVERNOR PRINTZ BLVD STE 3</b> <b>ESSINGTON PA 19029</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	<b>D</b> <input type="checkbox"/> Delete <b>GARCIA, SONIA</b> <b>SANTA CATARINA, BLVD. DIAZ ORDAZ #1000</b> <b>NUEVO LEON, MEXICO 66350</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	<b>D</b> <input type="checkbox"/> Delete <b>GARCIA, JORGE L</b> <b>SANTA CATARINA, BLVD. DIAZ ORDAZ #1000</b> <b>NUEVO LEON, MEXICO 66350</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	<b>D</b> <input type="checkbox"/> Delete <b>GARCIA, OLGA</b> <b>SANTA CATARINA, BLVD. DIAZ ORDAZ #1000</b> <b>NUEVO LEON, MEXICO 66350</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or 12, unchanged, or on an attachment with an address, with an other like authority.

**NATURE: SECRETARY SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: \_\_\_\_\_ Date: **April 20, 2000** Daytime Phone #: \_\_\_\_\_